

County: Fond Du Lac  
 GRANCARE NURSING & REHABILITATION CENTER  
 517 EAST DIVISION STREET

Facility ID: P080

Page 1

FOND DU LAC 54935 Phone:(920) 921-6800  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 75  
 Total Licensed Bed Capacity (12/31/02): 75  
 Number of Residents on 12/31/02: 43

Ownership:  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? No  
 Average Daily Census: 35

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			62.8
Supp. Home Care-Personal Care	No						More Than 4 Years			34.9
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	2.3				2.3
Day Services	Yes		Mental Illness (Org./Psy)	34.9	65 - 74	4.7				-----
Respite Care	Yes		Mental Illness (Other)	14.0	75 - 84	27.9				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	55.8				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.3				Full-Time Equivalent
Congregate Meals	No		Cancer	2.3		-----				Nursing Staff per 100 Residents
Home Delivered Meals	No		Fractures	7.0		100.0				(12/31/02)
Other Meals	No		Cardiovascular	7.0	65 & Over	97.7				-----
Transportation	Yes		Cerebrovascular	11.6		-----				RNs 11.5
Referral Service	No		Diabetes	9.3	Sex	%				LPNs 13.0
Other Services	No		Respiratory	0.0		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	14.0	Male	27.9				Aides, & Orderlies 37.0
Mentally Ill	No			-----	Female	72.1				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

\*\*\*\*\*

#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	10	100.0	282			0	0.0	0	0	0.0	0	3	9.1	110	0	0.0	0	0	0.0	0	13	30.2
Intermediate	---	---	---			0	0.0	0	0	0.0	0	4	12.1	95	0	0.0	0	0	0.0	0	4	9.3
Limited Care	---	---	---			0	0.0	0	0	0.0	0	13	39.4	85	0	0.0	0	0	0.0	0	13	30.2
Personal Care	---	---	---			0	0.0	0	0	0.0	0	9	27.3	75	0	0.0	0	0	0.0	0	9	20.9
Residential Care	---	---	---			0	0.0	0	0	0.0	0	4	12.1	60	0	0.0	0	0	0.0	0	4	9.3
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0				0	0.0		0	0.0		33	100.0		0	0.0		0	0.0		43	100.0

*****										
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								
		-----								
Percent Admissions from:		Activities of		% Needing		% Totally		Total		
		Daily Living (ADL)		Assistance of		Dependent		Number of		
Private Home/No Home Health		12.9	Independent	One Or Two Staff				Residents		
Private Home/With Home Health		5.4	Bathing	88.4		9.3		43		
Other Nursing Homes		4.3	Dressing	72.1		4.7		43		
Acute Care Hospitals		74.2	Transferring	62.8		2.3		43		
Psych. Hosp.-MR/DD Facilities		0.0	Toilet Use	58.1		4.7		43		
Rehabilitation Hospitals		0.0	Eating	37.2		2.3		43		
Other Locations		3.2	*****							
Total Number of Admissions		93	Continence	% Special Treatments						
Percent Discharges To:			Indwelling Or External Catheter	9.3		Receiving Respiratory Care		0.0		
Private Home/No Home Health		23.2	Occ/Freq. Incontinent of Bladder	34.9		Receiving Tracheostomy Care		0.0		
Private Home/With Home Health		18.3	Occ/Freq. Incontinent of Bowel	14.0		Receiving Suctioning		0.0		
Other Nursing Homes		4.9				Receiving Ostomy Care		2.3		
Acute Care Hospitals		23.2	Mobility			Receiving Tube Feeding		2.3		
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained	7.0		Receiving Mechanically Altered Diets		9.3		
Rehabilitation Hospitals		0.0								
Other Locations		2.4	Skin Care			Other Resident Characteristics				
Deaths		28.0	With Pressure Sores	9.3		Have Advance Directives		83.7		
Total Number of Discharges			With Rashes	0.0		Medications				
(Including Deaths)		82				Receiving Psychoactive Drugs		46.5		
*****										
Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities										
*****										
		This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities	
		%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		46.7	85.1	0.55	88.5	0.53	86.7	0.54	85.1	0.55
Current Residents from In-County		86.0	75.4	1.14	72.5	1.19	69.3	1.24	76.6	1.12
Admissions from In-County, Still Residing		24.7	20.1	1.23	19.5	1.27	22.5	1.10	20.3	1.22
Admissions/Average Daily Census		265.7	138.3	1.92	125.4	2.12	102.9	2.58	133.4	1.99
Discharges/Average Daily Census		234.3	139.7	1.68	127.2	1.84	105.2	2.23	135.3	1.73
Discharges To Private Residence/Average Daily Census		97.1	57.6	1.69	50.7	1.92	40.9	2.38	56.6	1.72
Residents Receiving Skilled Care		30.2	94.3	0.32	92.9	0.33	91.6	0.33	86.3	0.35
Residents Aged 65 and Older		97.7	95.0	1.03	94.8	1.03	93.6	1.04	87.7	1.11
Title 19 (Medicaid) Funded Residents		0.0	64.9	0.00	66.8	0.00	69.0	0.00	67.5	0.00
Private Pay Funded Residents		76.7	20.4	3.76	22.7	3.38	21.2	3.62	21.0	3.65
Developmentally Disabled Residents		0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00
Mentally Ill Residents		48.8	30.3	1.61	36.5	1.34	37.8	1.29	33.3	1.46
General Medical Service Residents		14.0	23.6	0.59	21.6	0.65	22.3	0.63	20.5	0.68
Impaired ADL (Mean)		37.2	48.6	0.77	48.0	0.77	47.5	0.78	49.3	0.76
Psychological Problems		46.5	55.2	0.84	59.4	0.78	56.9	0.82	54.0	0.86
Nursing Care Required (Mean)		2.9	6.6	0.44	6.3	0.46	6.8	0.43	7.2	0.40